



Georgia State University  
Payroll, Benefits, & HRIS  
P.O. Box 3982  
Atlanta, GA 30302-3982  
Phone (404) 413-3300  
Fax (404) 413-3301

REQUEST FOR DUPLICATE W-2

**For Tax Year(s)** \_\_\_\_\_

Date \_\_\_\_\_

NAME \_\_\_\_\_

PANTHER NUMBER **OR**  
SOCIAL SECURITY NUMBER \_\_\_\_\_

Choose **ONE** option below:

\_\_\_\_\_ **Please call** \_\_\_\_\_ **when the duplicate W-2 is ready for pick-up.**  
(Phone #)

**--OR--**

\_\_\_\_\_ **I would like my duplicate W-2 mailed to the following current address:**

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

The form W-2 is requested for the following **reason**:

- \_\_\_\_\_ Never Received
- \_\_\_\_\_ Misplaced or Destroyed
- \_\_\_\_\_ Incorrect Social Security Number (provide copy of Social Security card)
- \_\_\_\_\_ Other (Explain) \_\_\_\_\_

\_\_\_\_\_  
**SIGNATURE of Employee**

**NOTE: Requests will be printed and ready for pick-up or mailing within *three* business days.**

|                              |                              |
|------------------------------|------------------------------|
| FOR PAYROLL OFFICE USE ONLY: |                              |
| Date Request rec'd _____     | Duplicate W-2 Reissued _____ |
| Processed by _____           | Duplicate W-2 Mailed _____   |